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## Health Advisory

### Increased Shigella Cases; Ciprofloxacin-Resistance Common

UPDATE December 22, 2014

The San Francisco Department of Public Health (SFDPH) provides this guidance based on current information. For the most up-to-date information, visit [www.sfdcp.org](http://www.sfdcp.org). Recommendations may change, and SF recommendations may differ from those issued by Centers for Disease Control & Prevention (CDC) or California Department of Public Health (CDPH).

**Situation:** SFDPH has noted an increase in Shigella reports this December (37 cases as of 12/18/2014). Many isolates have been resistant to ciprofloxacin. A number of the cases have been in homeless and HIV-infected individuals and have resulted in hospitalization, though there have been no deaths or severe complications reported.

**Background:** Shigella infection can be subclinical, but typically causes watery or bloody diarrhea with abdominal pain, fever, and malaise. A small inoculum (10-200 organisms) is sufficient to cause infection, and spread occurs easily via the fecal-oral route. Sexual transmission is known to occur. Young children, the elderly, and HIV-infected individuals with CD4 count <200 are more likely to have severe symptoms including dehydration, bacteremia, and seizures. Although Shigella gastroenteritis is generally self-limited, lasting 5-7 days in an immunocompetent host, untreated individuals may shed the organism in stool for up to 6 weeks. Shortening the duration of shedding with antibiotics can reduce the risk of person-to-person spread. Due to growing antimicrobial resistance in both developing and developed countries, antibiotic susceptibility testing is essential.

#### ACTIONS REQUESTED OF ALL CLINICIANS:

1. **Suspect** Shigella gastroenteritis in cases with compatible symptoms.
2. **Test** with stool culture and order antimicrobial susceptibility testing.
3. **Tailor therapy** based on results of susceptibility testing, recognizing that routine antimicrobial susceptibility tests for Shigella may not include some commonly available oral antibiotics. For isolates that are resistant to ciprofloxacin, azithromycin may be a reasonable oral treatment option, and ceftriaxone may be a reasonable parenteral treatment option.
4. **Report** cases to SFDPH Communicable Disease Control Unit (CDCU) at 415-554-2830.
5. **Inform** patients that meticulous hand washing and avoiding fecal-oral exposure during sexual contact can decrease risk for infection.

**Health Alert:** Conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** Provides important information for specific incident or situation; may not require immediate action.

**Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action.